

UNITED STATES DISTRICT COURT

for

Western District Of Pennsylvania

Request for Modifying the Conditions or Term of Supervision with Consent of the Offender (Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Sonya R. Green Case Number: 0315 2:04CR00248-001
Name of Sentencing Judicial Officer: Gary L. Lancaster, United States District Judge
Date of Original Sentence: 07/08/05
Original Offense: Embezzlement From a Labor Organization
Original Sentence: 5 months' imprisonment, followed by 3 years' supervised release
Type of Supervision: TSR Date Supervision Commenced: 2/17/2006

PETITIONING THE COURT

- ☐ To extend the term of supervision for _____ years, for a total term of _____ years.
☒ To modify the conditions of supervision as follows:

The defendant shall participate in a mental health treatment program as directed by the Probation Office.

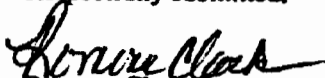
CAUSE

The defendant has faced financial hardship, homelessness, and other personal adversities. She has expressed a desire to participate in a mental health treatment program, and our office agrees that her participation could be of benefit.

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U.S. DISTRICT COURT

I declare under penalty of perjury that
the foregoing is true and correct.

Respectfully submitted,


Romona Clark
U.S. Probation Officer

Date: June 18, 2008


Supervising U.S. Probation Officer

THE COURT ORDERS:

- ☐ No action.
☐ The extension of supervision as noted above.
☒ The modification of conditions as noted above.
☐ Other


Signature of Judicial Officer

6/20/08
Date

United States District Court

Western District Of Pennsylvania

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release: I agree to participate in a mental health treatment program as directed by the Probation Office.

Witness:

Romona Clark

Romona Clark
United States Probation Officer

Signed:

Sonya R. Green

Sonya R. Green
Probationer or Supervised Releasee

6-13-08

Date